

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE	1	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Future45</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> <b>C00574533</b>	
Check if <input checked="" type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>

Full Name of Payee <b>Mentzer Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 210 W. Pennsylvania Ave. Suite 250		Amount 5200.00	
City Towson	State MD	Zip Code 21204	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Purpose of Expenditure Newspaper ad		Category/ Type 004	
Name of Federal Candidate Clinton, Hillary, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 22154404.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee DDC		Date of Public Distribution/Dissemination 11 / 04 / 2016	
Mailing Address 805 15th Street, NW Suite 300		Amount 10500.00	
City Washington	State DC	Zip Code 20005	Transaction ID : 002
Purpose of Expenditure Media production	Category/ Type 004	Date of Disbursement or Obligation 11 / 01 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	22164904.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1114 1648 1360 1654"> <tr> <td data-bbox="1114 1648 1360 1654">15700.00</td></tr> </table>	15700.00
15700.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1114 1654 1360 1659"> <tr> <td data-bbox="1114 1654 1360 1659"></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1114 1659 1360 1667"> <tr> <td data-bbox="1114 1659 1360 1667"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wojciechowski, Maria, , ,

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Future45</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00574533
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Del Cielo Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address <b>1427 Leslie Avenue</b> <b>Suite 102</b>			Amount <b>1100000.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22301</b>	Transaction ID : <b>003</b>		
Purpose of Expenditure Media placement		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>		
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>23264904.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Cold Harbor Films</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address <b>815 Slaters Lane</b>			Amount <b>15574.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>004</b>		
Purpose of Expenditure Media production		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>		
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>23280478.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1115574.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Wojciechowski, Maria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Future45</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00574533
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rebuilding America Now</b> <b>X</b> Ultimate vendor - Cold Harbor Films		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address P.O. Box 26141		Amount <b>41000.00</b>	
City Alexandria	State VA	Zip Code 22313	Transaction ID : 005
Purpose of Expenditure In-kind media production	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>	
Name of Federal Candidate Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>23321478.86</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>1131274.00</b>

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**11 / 05 / 2016**

Signature